

Additional Premise Information

TO ACCOMPANY STATE FORM 52009

STATE FORM 52010 (12-04)

Part 2:

Complete a premise form for each noncontiguous location where animals are housed. Sites under the same management but separated by no more than a county road may be considered contiguous.

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Check if same as business/farm account mailing address ☐ (no P.O. Boxes)

OR (if not the same as business/farm mailing address)

Premise Physical Address (no P.O. Boxes): _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Primary Contact:

First Name Middle name Last name
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Secondary Contact*:

(* optional) _____
First name Middle name Last name
Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Phone number: _____ - _____ - _____ ext: _____ (☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager)

Operation Type: ☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (show site) ☐ Laboratory
(check all that apply) ☐ Market/collection point ☐ Non-producer Participant ☐ Port of Entry
☐ Quarantine Facility ☐ Rendering ☐ Slaughter plant ☐ Tagging site

Species at Premises: ☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Poultry
(check all that apply) ☐ Deer and Elk ☐ Llama ☐ Emu

Legal Land Description: _____
(required if no address) Township Range Section

GIS Coordinates: Latitude: _____ Longitude: - _____
(Optional)

If you have more than one premise (animal locations) please complete additional sheets.

Return forms to: Indiana State Board of Animal Health, 805 Beachway Dr. Ste. 50, Indianapolis, IN 46224

For questions, contact BOAH support: Phone: 317-227-0300 or email: animalID@boah.in.gov

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